



AUG 04 2004 WED 03:30 PM STREETS & STEELE

FAX NO. 713 939 9508

P. 03

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Debi Labay

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/993,401	11/14/2001	Craig Andrews	- 1499909-A	9937

TITLE OF INVENTION: GAS HUMIDIFICATION DEVICE FOR OPERATION, TESTING, AND EVALUATION OF FUEL CELLS FEE/0004.A

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/24/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KALAFUT, STEPHEN J	1745	429-013000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Streets & Steele
Jeffrey L. Streets
Steven L. Christian

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fideris, Inc.

College Station, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

☐ A check in the amount of this fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-07147 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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8-4-2004

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08/05/2004 MBERHE1 00000090 500714 09993401

01 FC:2501

665.00 DA

02 FC:1504

300.00 DA

03 FC:8001

9.00 DA

TRANSMIT THIS FORM WITH FEE(S)



2004 WED 03:29 PM STREETS & STEELE

FAX NO. 713 939 9508

P. 01

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Date: August 4, 2004

To: USPTO

Art Unit: 1745

Facsimile: 1-703-746-4000

From: Streets & Steele
Debi Labay

Our Deposit Account Log No.: 0807
Our Ref: FIDE/0004.A

Pages: 3 (with cover)

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Attached please find the following document for the above referenced patent application:

- 1) Transmittal Form; and
- 2) PTOL-85 Fee Transmittal.

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P. 02

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0851-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/993,401	
	Filing Date	November 14, 2001	
	First Named Inventor	Craig C. Andrews	
	Art Unit	1745	
	Examiner Name	Kalafut, Stephen J.	
Total Number of Pages in This Submission	2	Attorney Docket Number	FIDE/0004.A

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey L. Streets
Signature	
Date	August 4, 2004

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Typed or printed name	Debi Labay
Signature	
Date	August 4, 2004

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